

no name

Town

County

Died at

Censfield

Somerset

MARYLAND

Date 189

03

Month

Day

10 - 12

Y.

M.

D.

Native of

Occupation

Age

Steel Bldg

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Geo W. Adams

Mother's
Name

Annie P. Adams

Cause of

Primary

Steel Bldg

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

W F Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sallie Carroll

Town

County

MARYLAND

Died at

Princess Anne County

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Oct 11

Age 53

Laborer

Female

Colored

~~Single~~

Widow

Divorced

Number of children living

11

Husband of

Wife

Father's

Name

Morris Carroll

Mother's

Maiden Name

Dorcas Brown

Cause of

Primary

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Jes & Dennis - Undertaker
Princess Anne

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Siddy Covington

CERTIFICATE OF DEATH

Died at ^{Town} <i>Mt Vernon</i>		^{County} <i>Somerset Co</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>10</i>	Day <i>14</i>	Age <i>60</i>	Years <i>3</i>	Months <i>3</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Mt Vernon</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Mt Vernon</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband			
Father's Name <i>unknown</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Liziel Covington</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving Information <i>Handson Handy</i>			How related to deceased		

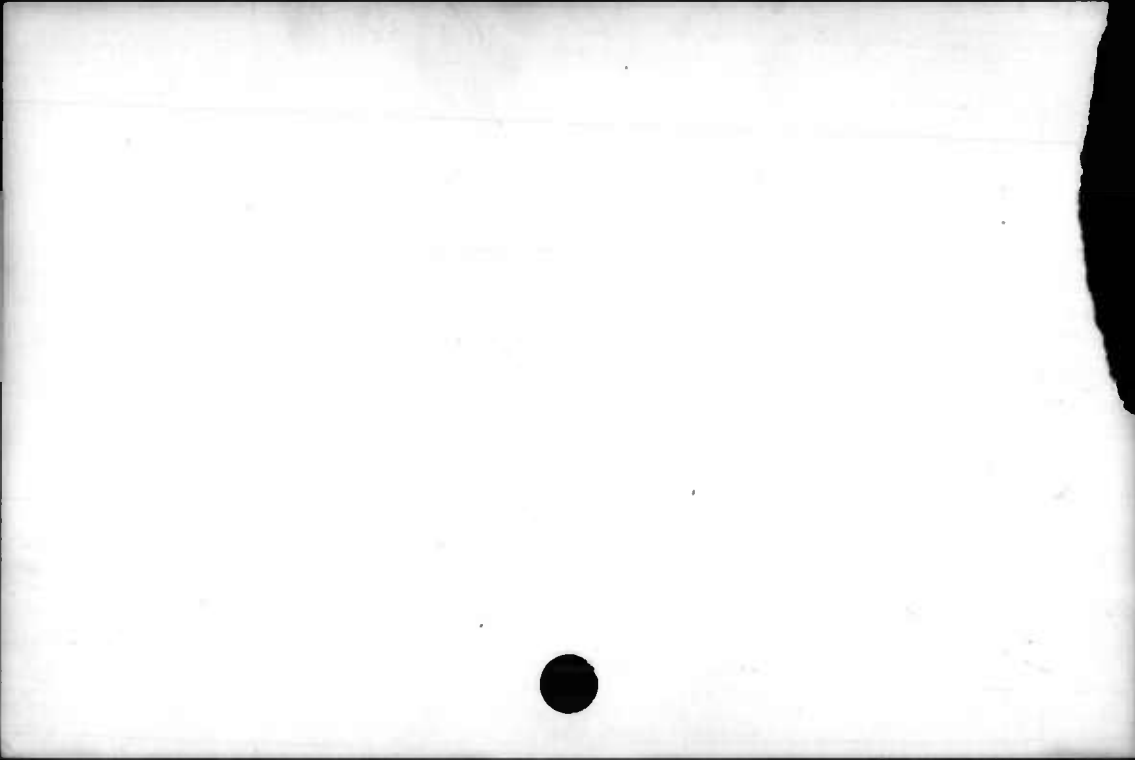
CAUSES OF DEATH

Prop. Sy
 How long *2 months*

177

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address <i>Mt Vernon</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Peter Carlbourn

Town

County

Died at

MARYLAND

Date 1903 Oct 4
 Month Day Y. M. D.
 Age 51
 Native of Maryland, Farmer
 Occupation
 Male White Married Widowed Divorced
 Female Colored Single Widower
 Number of children living 6

Husband of Flora Johnson 79
 Wife
 Father's Name Isaac Roberts
 Mother's Maiden Name Mary Marshall
 Cause of Death { Primary Asthma, with Pulmonary & Cardiac Complications
 Immediate Pulmonary Apoplexy
 How long sick 12 or 18 yrs.
 Accident, Suicide, Homicide

Reported by

Address

Marion

Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward S Dennis

Died at ^{Town} *Marumsc* ^{County} *Somerset* MARYLAND

Date 1903 ^{Month} *Oct* ^{Day} *13* ^{Y.} *72* ^{M.} *U.S.* ^{D.} *Farmer*

^{Male} ~~Female~~ ^{Married} ~~Widow~~ ^{Widow} ~~Divorced~~ ^{Number of children living} *1*

~~Wife~~ of *Celia Dennis* *23*

Father's Name *Joshua Dennis* Mother's Name *Millie Dennis*

Cause of Death { ^{Primary} *Bladder Trouble* ^{How long sick} *11 months*

^{Immediate} *Exhaustion* ^{Accident, Suicide, Homicide}

Reported by *A W Dixon, Undertaker*

Address *Marion Sta Md*



Name in Full

Certificate of Death

Marvin B. Dougherty

Town

County

Died at

Hopewell, Somerset

MARYLAND

Date 1903 10 14 Age 1. 8, Native of Md Occupation X

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of L

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

How long sick

3 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John Weslie Elzzie

CERTIFICATE OF DEATH

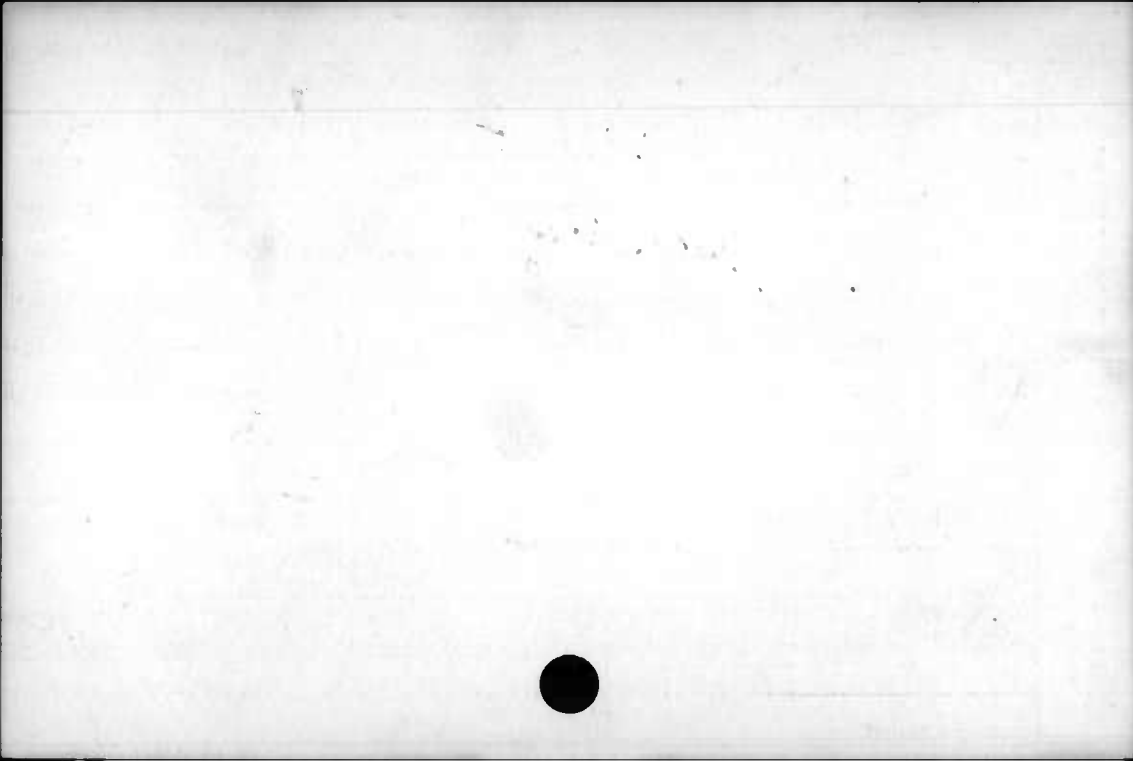
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1903		Oct	18	Age 45			
Sex		Color or Race		Birth-place			
Male		Black		md			
Married, Single or Widowed		Occupation					
Married		Waterman					
Name of Wife or Husband							
Lida Elzzie							
Fether's Name				Father's Birthplace			
J. W. Elzzie				md			
Mother's Maiden Name				Mother's Birthplace			
Henrietta Elzzie				md			
Name of person giving information				How related to deceased			
Preston Roberts				non			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	10 month
Immediete	Asthma	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. H. Windsor, M.D.	
		Address	
		Daniel's Quarter, Somerset Co.	
Accident or Suicide?			



Name in Full

Certificate of Death

no name - still born

Town

County

Died at

MARYLAND

Date	1903	Month	10	Day	2	Y.	M.	D.	Native of	Occupation
Male		White		Married					Widow	
Female		Colored		Single					Widower	
										Number of children living

Husband of

Wife

Father's Name	Thomas M. Evans	Mother's Name	Julia A. Evans
---------------	-----------------	---------------	----------------

Cause of	Primary	How long sick
Death	Immediate	Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Maggio Hall

Died at *Town* *County* *MARYLAND*

Date 1903 *Oct 12* | Age *27* | *Y.* *M.* *D.* | *Native of* *Comasset* | *Occupation* *Housewife*

Male *White* *Married* *Widow* *Divorced*

Female *Colored* *Single* *Widower* *Number of children living* *One*

Husband of *Lawrence Hall* *2*

Wife *2*

Father's Name *Edward Johnson* *Maiden Name* *Ellen Johnson*

Cause of *Primary Tuberculosis* *How long sick* *about 1 year*

Death *Immediate* *Accident, Suicide, Homicide*

Reported by *G. E. Dickinson*

Address *Upper Fairmount*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

John J Starsey

CERTIFICATE OF DEATH

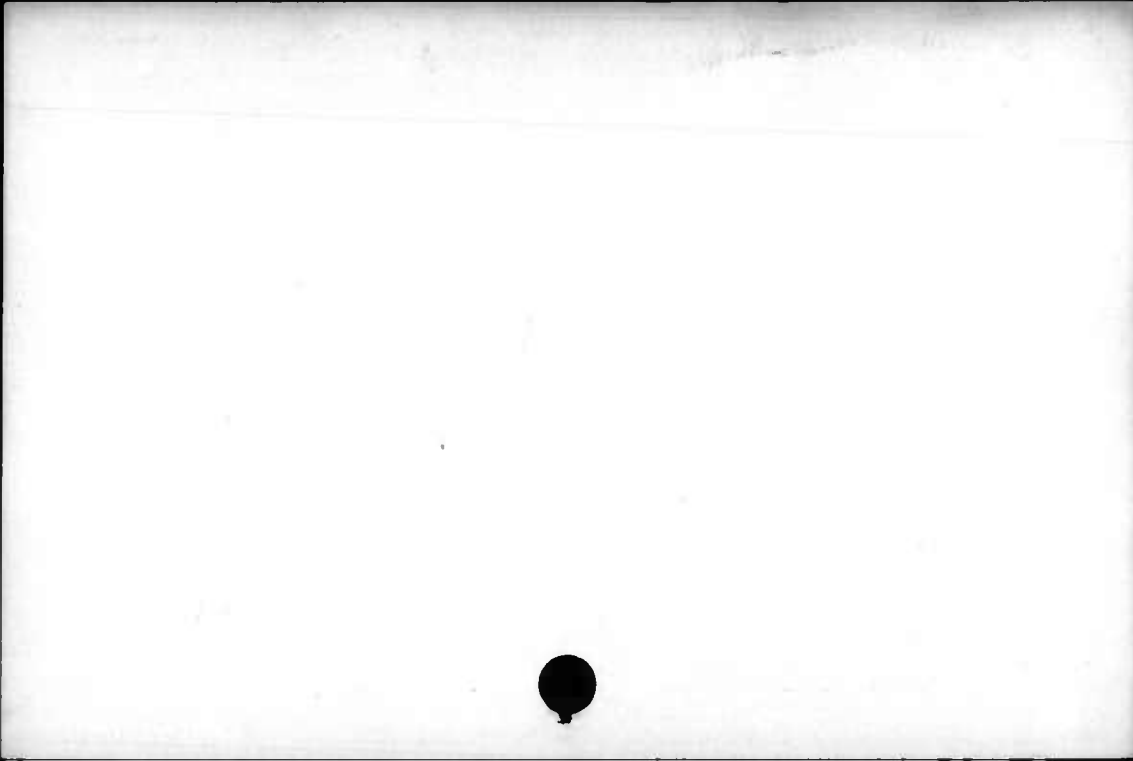
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Marion		County Somerset		MARYLAND	
Date of death 190	3	Month 10	Day 18	Age	67	Months	Days
Sex	Male		Color or Race	Colored		Birth- place	Somerset Co
Married, Single or Widowed	Married			Occupation	Farmer		
Name of Wife or Husband	Betsie Starsey						
Father's Name	Jno Starsey					Father's Birthplace	Somerset Co
Mother's Maiden Name	Sarah " 29					Mother's Birthplace	" "
Name of person giving In formation	Joshua Starsey					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	2 years
Immediate	breaking down of bowels	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J A Adams M.D.
		Address	Pocomoke City - Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

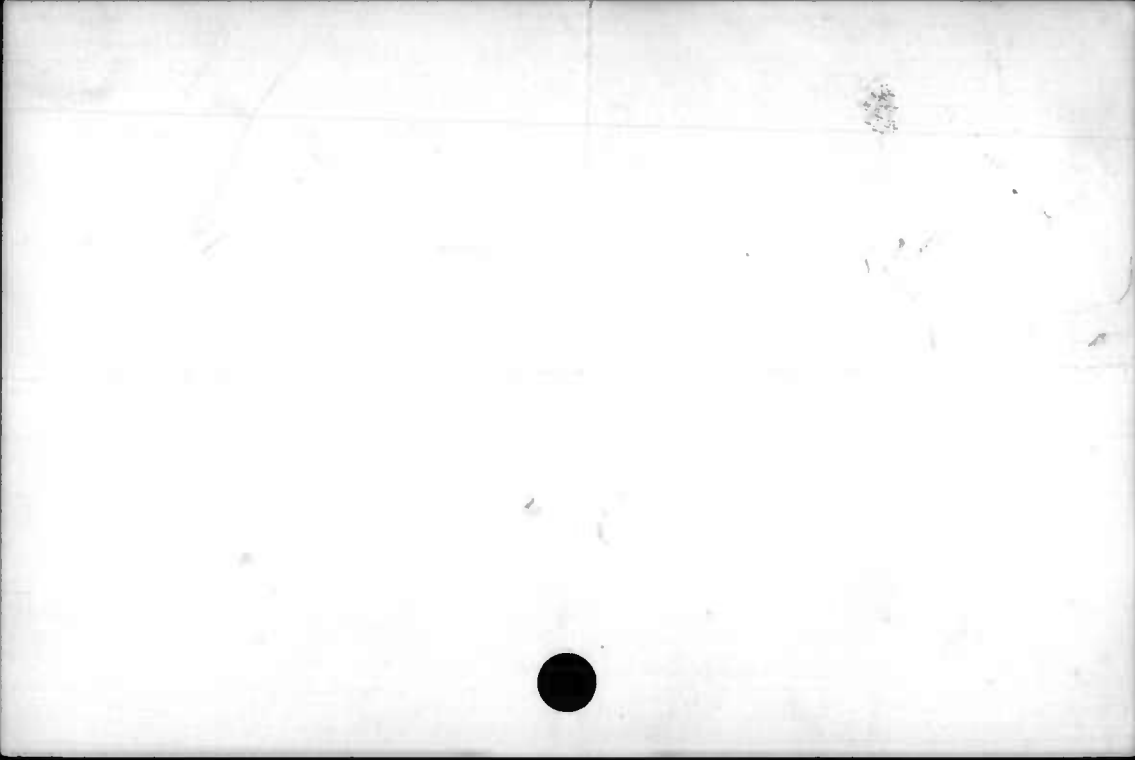
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Fairmount</i>		Town <i>Fairmount</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1903</i>		Month <i>Oct.</i>		Day <i>11</i>		Age <i>1</i>	
Sex <i>female</i>		Color or Race <i>Col.</i>		Birth-place <i>Fairmount</i>		Months <i>4</i>	
Occupation <i></i>		Where Residing if not at place of death <i>11</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Sam'l. Johnson</i>		Father's Birthplace <i>106</i>		Father's Birthplace <i>X</i>			
Mother's Maiden Name <i>Sarah Waters</i>		Mother's Birthplace <i>X</i>		Mother's Birthplace <i>X</i>			
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Dysentery</i>		How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. W. Gill</i>	
		Address <i>Manokin</i>	
Accident or Suicide?		<i>Mod.</i>	



Name in Full		James Jones col				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Dicks Island		County		Somerset
	Date of death 1903		Month	Day	Age	Years	Months
	Sex		Male		Color or Race		negro
	Married, Single or Widowed		married		Occupation		Sailor
	Name of Wife or Husband						
	Father's Name		154		Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		How related to deceased					

		CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Senile Debility		How long	2 mos.
	Immediate	Asthma		How long	2 wks.
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician
	Accident or Suicide?		Address		J. G. Alexander Somerset Co. Maryland



Name in Full		Myrtie Elizabeth Kelly.						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chance			Somerset			MARYLAND		
	Date of death 190	3	Month	Oct.	Day	18th	Age	Years	Months	Days
	Sex	Female			Color or Race			White		
	Married, Single or Widowed	—			Occupation			—		
	Name of Wife or Husband	—								
	Father's Name	James Kelly					105			
	Mother's Maiden Name	Lela Mackin					105			
PHYSICIAN OR CORONER	Name of person giving information	Lela Kelly					How related to deceased			
	<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>									
	Primary	Hep. Colitis					How long			
PHYSICIAN OR CORONER	Immediate	asthenia					How long			
	Are the name, age, sex, color, date and place correctly given above?					yes.				
	Signature of Physician					S. J. Windsor, M.D.				
	Address					James Quarter, Somerset Co.				
PHYSICIAN OR CORONER	Accident or Suicide?					—				



Name
in
Full

CERTIFICATE OF DEATH

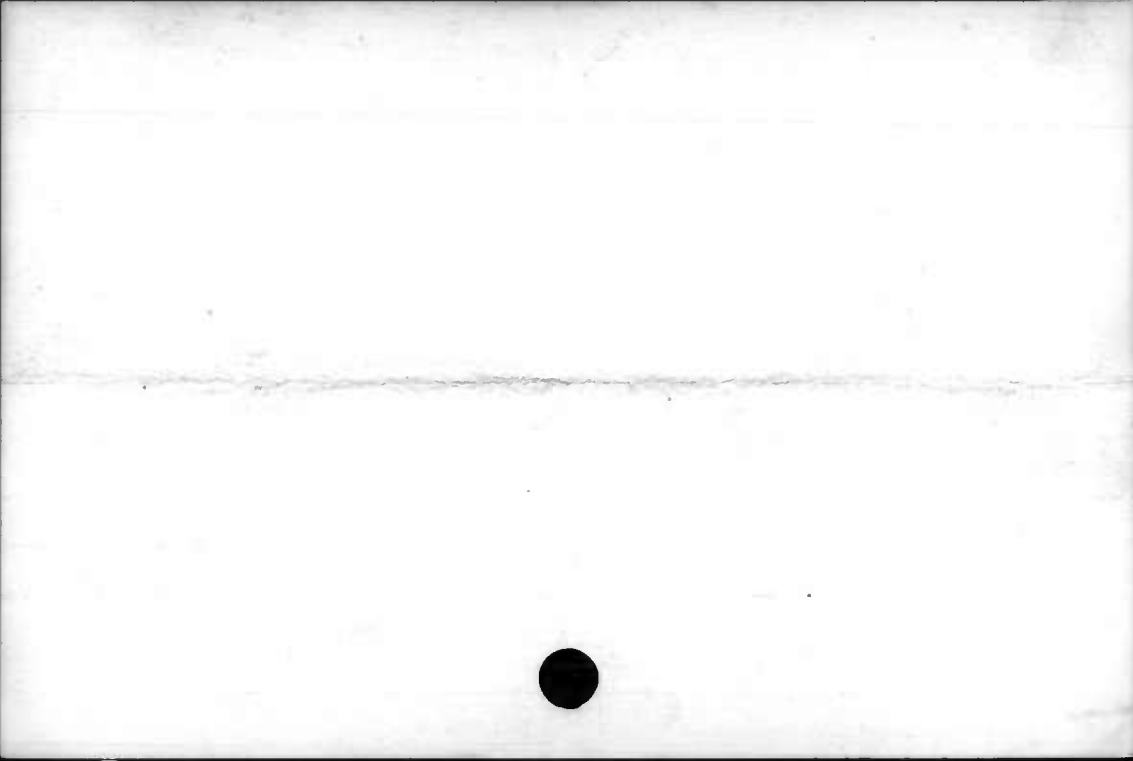
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chance</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>30th</i>	Age <i>33</i> Years	Months <i>1</i>	Days <i>15</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Somerset Co.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Oyster man</i>			
Name of Wife or Husband <i>-</i>					
Father's Name <i>William Kelly</i>			Father's Birthplace <i>Somerset Co.</i>		
Mother's Maiden Name <i>Catharine Kelly Shores</i>			Mother's Birthplace <i>Somerset Co.</i>		
Name of person giving information <i>Lena M. Bennett</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>10 months</i>
Immediate	<i>asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. W. Windsor, M.D.</i>	
		Address <i>Dames Quarter, Somerset Co.</i>	
Accident or Suicide?			



Name
in
Full

Ann Nutt

CERTIFICATE OF DEATH

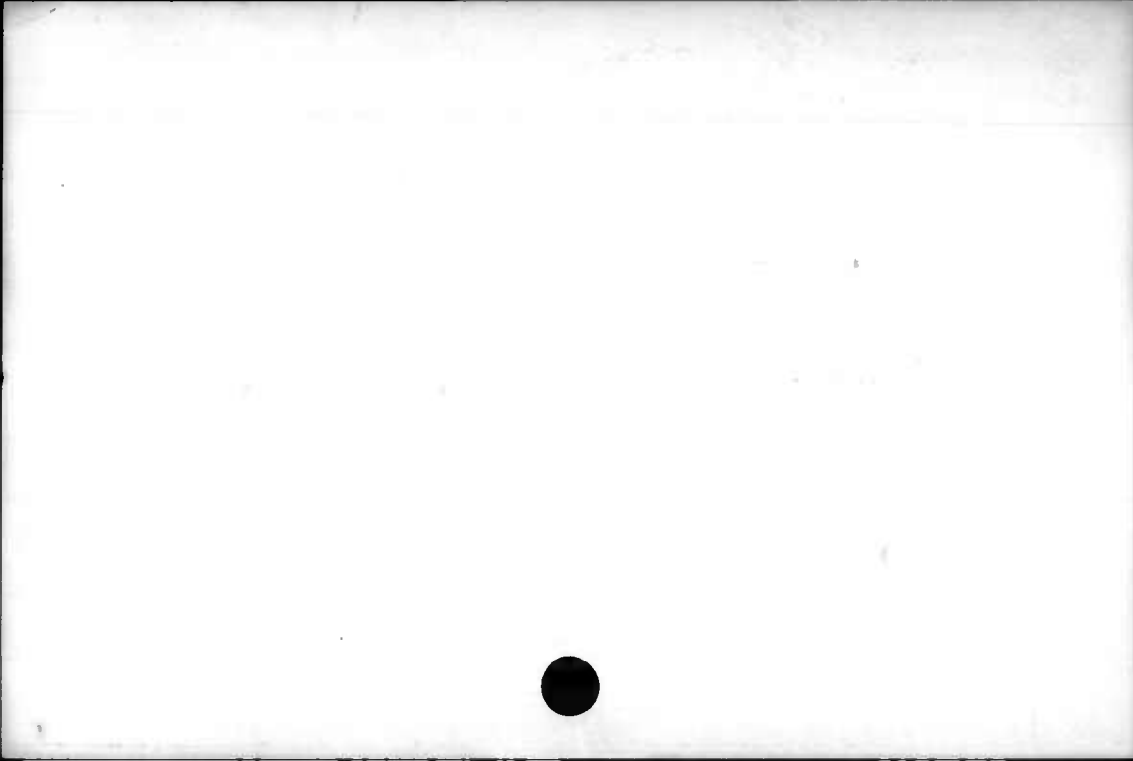
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Orville		Somerset		MARYLAND	
Date	1903	Month	Oct	Day	21	Age	61
Sex		Female		Color or Race		White	
Married, Single or Widowed		Married		Occupation		—	
Name of Wife or Husband		Wesley Nutt					
Father's Name		Wm Lawrence				Father's Birthplace	
Mother's Maiden Name		Mary Shephard				Mother's Birthplace	
Name of person giving information		Wm Wilson				How related to deceased	
						Son-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	Indefinite
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		R. H. Drayth	
Address		Orville P.O. Md.	
Accident or Suicide?		No	



Name
in
Full

George C Powell

CERTIFICATE OF DEATH

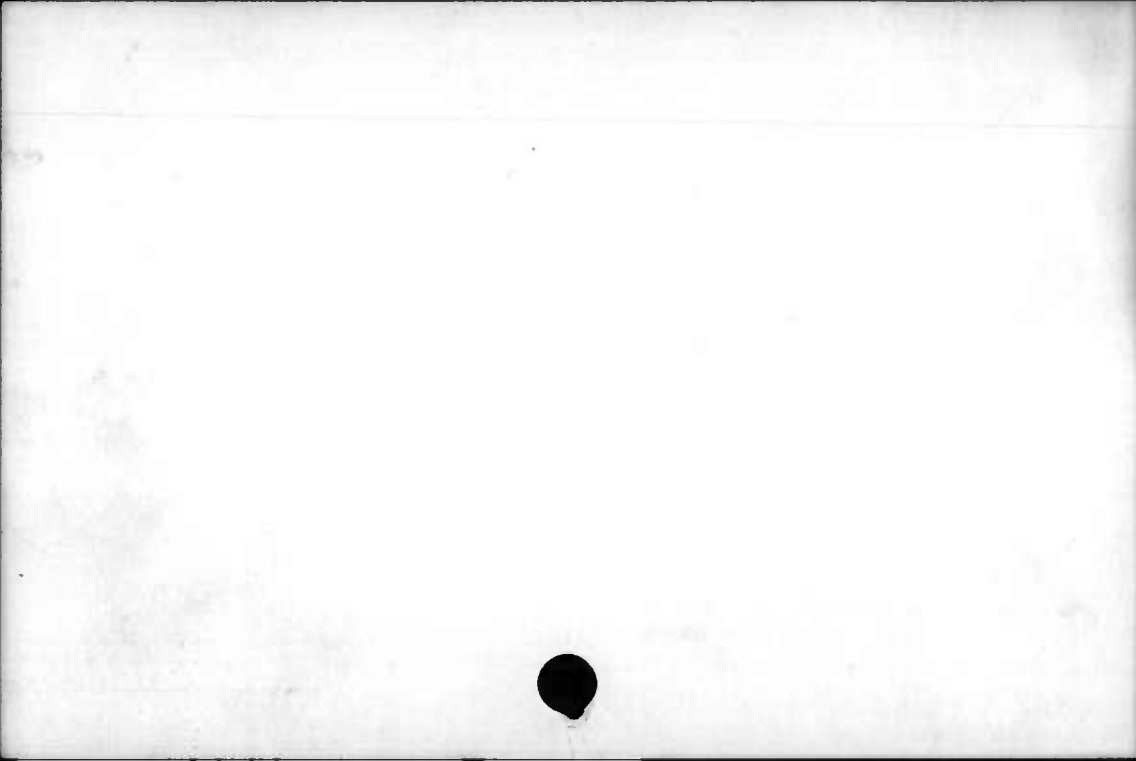
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Behoboth</i>		Town <i>Somerset</i>		County <i>Somerset</i>		• MARYLAND	
Date of death <i>1903</i>	Month <i>Oct.</i>	Day <i>22</i>	Age <i>about 70</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>on farm where he died</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Lyden</i>						
Father's Name <i>George Powell</i>	Father's Birthplace <i>Somerset Co Md</i>						
Mother's Maiden Name <i>Nancy Harris</i>	Mother's Birthplace <i>Somerset Co Md</i>						
Name of person giving Information <i>J T Coaten</i>	How related to deceased <i>Physician</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic disease of Abdominal organ supposed to be Cancer</i>	How long <i>about one year</i>
Immediate <i>Perforation of bowels and Peritonitis</i>	How long <i>four days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes except parents</i>	Signature of Physician <i>Isaac T Coaten</i>
	Address <i>Pocomoke City Md</i>
Accident or Suicide?	



Marion Pruitt

CERTIFICATE OF DEATH

Died at <i>Mount Vernon</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>October</i>	Day <i>15</i>	Age <i>4 months</i>	Years <i>12</i>	Months <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Somerset Co</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Somerset Co</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John. Pruitt</i>	<i>179</i>				Father's Birthplace <i>Somerset</i>
Mother's Maiden Name <i>Anna Banks</i>					Mother's Birthplace <i>Sylome</i>
Name of person giving Information <i>John & Anna Pruitt</i>					How related to deceased <i>John & Anna</i>

CAUSES OF DEATH

Primary	How long
Immediate	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Laluel Jones M.D.</i>
	Address <i>Somerset Co</i>
Accident or Suicide?	

Name in Full

Certificate of Death

Mona R Somers

Town

County

Died at

Crusfield

Somerset

MARYLAND

Date 1903	Month 10	Day 21	Age 30	Y. 5	M. 8	D. 8	Native of Md	Occupation Housewife
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living		4		

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Edward Stearns Thomas

Died at ^{Town} HopewellCounty ~~Salem~~ Somerset

MARYLAND

Date 1903 10-18 Y. M. D. 9-18 Native of Ind Occupation —

Male White Married Widow Divorced —

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living 7

Husband of +

Wife 28

Father's Name Rossie Thomas Mother's Name Mary Thomas

Cause of { Primary Tubercular meningitis How long sick 4 weeks

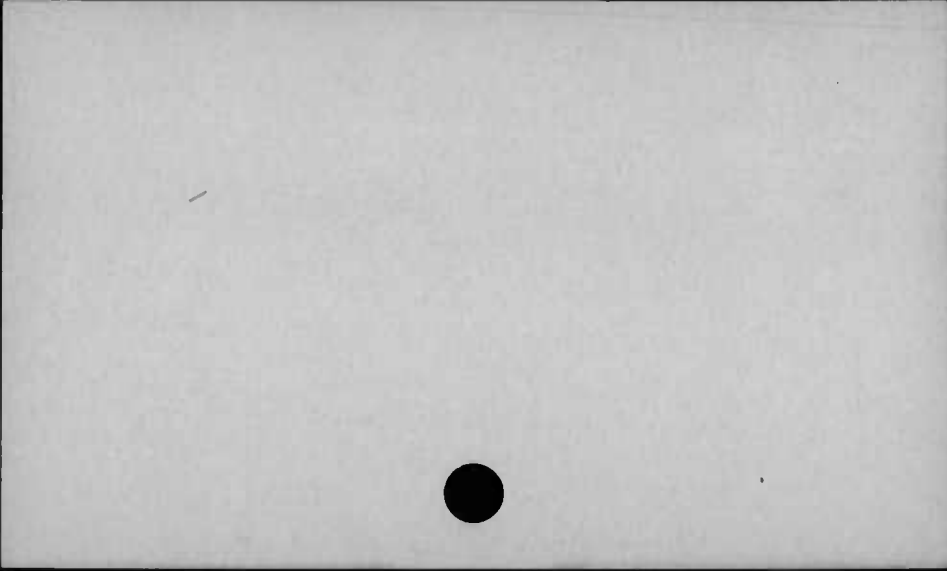
Death { Immediate ~~At Ft Hall~~ Accident, Suicide, Homicide

Reported by W F Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Gordon Sheerwood Tyler

Town

County

Died at

Covington Somerset

MARYLAND

Date 1903 10 29 Age 3 Y. M. D. Native of Md Occupation none

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

William Tyler

Mother's

Name

Virginia Tyler

Cause of

Primary

Innervation

How long sick

one month

Death

Immediate

Meningitis

Accident, Suicide, Homicide

Reported by

W. F. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>home</i>		Town <i>Tells car</i>	County <i>Somerset</i>	MARYLAND
	Date of death 190 <i>3</i>	Month <i>10</i>	Day <i>4</i>	Age	Months <i>6</i> Days
	Sex <i>male</i>	Color or Race <i>neg</i>		Birth-place <i>Tells car</i>	
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name <i>Hiram Whittington</i>	Father's Birthplace <i>Somerset Co Md</i>			
	Mother's Maiden Name <i>Lenna Whittington</i>	Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Levin Coans</i>	How related to deceased <i>None</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Borned Sick</i>			How long <i>6 days</i>	
	Immediate <i>Exhaustion</i>			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>J. H. White</i>	
	Accident or Suicide?			Address <i>Minister Marion Sta Md</i>	

